#### STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JUL 23 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

I. Name of Lobbyist(s) Kevin Bourque

| (Name of partnership, firm or   | corporation)                   |                              | •                    |
|---|--------------------------------|------------------------------|----------------------|
| 125 Washington Street, Suite 1  | Foxboro                        | MA                           | 02035                |
| Business Address: (Street)  | (Town/City)                    | (State)                      | (Zip Code)           |
| <sub>508)</sub> 698-4994  | `                              | <sub>e-mail</sub> kbourque   | @phrma.org           |
| (Telephone)   | (Fax)                          | C-man                        |                      |
| II. This statement covers: (Choose one –  | file congrate reports for a    | each client OP von may       | , file a cenarate re |
| reportable expense transactions which are   | -                              |                              | The a separate re    |
| 7   |                                |                              |                      |
| All reportable transactions occurring in the  |                                |                              | following client:    |
| Pharmaceutical Research a   | and Manufacture                | ers of America               |                      |
|   | s it appears on the Lobbyist F | Registration Form)           |                      |
| OR<br>Tanana and a same   |                                |                              | <b>.</b>             |
| All reportable transactions by the lobbyist unrelated to any particular client.     | t (including the lobbyist's    | family), or the lobbying     | firm listed below v  |
|   |                                | _                            |                      |
| IV. Date of Report April 25, 2018   |                                | July 25, 2018                |                      |
| Reports cover: activity from date of registrat                                      | ion to 3/31/18 activ           | ity from 4/1/18 to 6/30/18   |                      |
| October 31, 2018  |                                | January 30, 2019             |                      |
| activity from 7/1/18 to 9/  | /30/18 activ                   | vity from 10/1/18 to 12/31/1 | 8                    |
| V. There have been no fees received ar  | id no reportable trans         | actions made since th        | e last report.       |
| lf this box is checked, complete just this form                                     |                                |                              |                      |
| Concord, NH 03301.  |                                |                              |                      |
| VI. Check if additional reports are attache   | ed:                            |                              |                      |
| If you have received fees or made expen   | ditures, you must file Add     | lendum A- Fees and Exp       | penses               |
| If you have paid an honorarium or reimb   | oursed expenses, you must      | file Addendum B-Rep          | ort of Honorarium:   |
| Expense Reimbursement   | 1 100 1 1 1                    | . 61                         | G. Ballidad Gara     |
| If you, your firm, or your family has made  | de political contributions,    | you must file Addendun       | n C- Political Con   |
|   |                                |                              |                      |
|   |                                |                              |                      |
| Sworn Statement/Affirmation by Lobbyist<br>I have read R§A 15, RSA 15-B, RSA 14-C a |                                | wear or affirm that the fo   | regoing information  |
| and complete to the best of my knowledge ar   |                                |                              |                      |
| 116/1/  |                                | 7/20/18                      |                      |
| (Signature of lobbyist)   |                                | (Date                        | )                    |
| Kevin Baurque   |                                | . ' `                        |                      |
| · · · · · · · · · · · · · · · · · · ·   |                                |                              |                      |

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#### STATE OF NEW HAMPSHIRE



#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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|  | JOL 2 3 2010                            |
|--|---|
| I. Name of Lobbyist(s) Kevin Bourque   | NEW HAMPSHIRE DEPARTMENT OF STATE       |
| II. Name of lobbyist's partnership, firm or corporation, if any:   | DEFARIMENT OF STREET                    |
| N/A  |   |
| (Name of partnership, firm or corporation)   |   |
| III. Name of Client Pharmaceutical Research and Manufacturers of America   | Date 7/11/2018                          |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:   | relations, or public relations services |
| a) Total of all fees received in this reporting period   | a) \$ 127.60                            |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye  | b) \$ 3,076.48                          |
| c) Total of all fees received to date (Add lines a and b)  | c) \$ 3,204.08                          |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$ <u>0.00</u>                       |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repefees. Separate reports are to be filed for expenditures made relative to each complete the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s). | lient and if expenditures are made by   |

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

| a) I otal aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ <u>0.00</u> |
|--|-------------------|
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  | b) \$ 0.00        |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$ 0.00        |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$ 0.00   |
|--|--|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$  |
| f) Total of all expenses year to date  | f) \$ <u>0.00</u>  |
| VI. Other Expenses: Provide: the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.  | obbying fees during this reporti                           |
| Paid to:   | Amount:  |
| N/A  | \$   |
|  | \$   |
|  | \$   |
|  | \$   |
|  | \$   |
|  | \$   |
|  |  |
|  |  |
| Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm   | m that the foregoing informa                               |
|  | m that the foregoing informa                               |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | m that the foregoing informa $\frac{\sqrt{20/18}}{(Data)}$ |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm  | 1  |

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## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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| I. Name of Lobbyist(s) Key   | in Bourque  |   |                           | NEW HAMPSHIRE<br>DEPARTMENT OF STATE         |
|--|---|---|---------------------------|--|
| II. Name of lobbyist's part  | nership, firm or cor                              | poration, if any:                                   |                           |  |
| N/A  |   |   |                           |  |
| (Name of partne  | ership, firm or corporation)                      |   | ···                       |  |
| III. Name of Client Pharmac  | ceutical Research and                             | d Manufacturers of Ame                              | erica <sub>Date</sub> 7/1 | 1/2018                                       |
| Political Contributions For each political contributi client/lobbyist and lobbying                 |   |   | ter 664 paid or           | behalf of the                                |
| Full name of candidate: C  | ommittee to Ele                                   | ect House Reput                                     | olicans                   |  |
|  | (Last Name)                                       | (First Name)  | (Middle N                 | amc/Initial)                                 |
| Amount of contribution $\$$ 3,0  | 000.00  | Office Candidate is                                 | Seeking N/A               |  |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the | ibution on the line above word "estimate."        | a description of the good ve for amount of contribu | ition. If the actu        | ovided, and enter the lal cost is not known, |
| Full name of candidate:  | (Last Name)                                       | (First Name)  |                           | amc/Initial)                                 |
| Amount of contribution \$ 5,0  |   | Office Candidate is                                 | · ·                       | ,  |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the | l contribution, provide ibution on the line above | a description of the good                           | s or services pro         | ovided, and enter the                        |
| B.H. 6 H.H.  |   |   |                           |  |
| Full name of candidate:  | (Last Name)                                       | (First Name)  | (Middle N                 | ame/Initial)                                 |

| If the contribution is an in-kind contribution, provide a descr<br>actual cost of the in-kind contribution on the line above for a | iption of the goods or services provided, and enter the mount of contribution. If the actual cost is not known   |
|--|--|
| enter an estimated value and the word "estimate."  | , and the second |
| 4  |  |
|  | -  |
|  |  |
| (If more than three contributions were made, report additional contr   | ibutions on separate addendum C forms.)  |
| Sworn Statement/Affirmation by Lobbyist  |  |
| I have read RSA 15, RSA 15-B and RSA 664 and herebis true and complete to the best of my knowledge and be                          | by swear or affirm that the foregoing information elief.   |
|  | 7/20/18  |
| (Signature of Jobblyist)  Kevin Bourque  | (Date)   |
| (Print Name of lobbyist)   |  |

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### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

| Name of Lobbying partnership, firm, or corporation: Kevin Bourque  Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pharmaceutical Research and Manufacturers of America  Date of Report (check one):  April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019  Inhave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  1 Addendum A(s). |
|---|
| Date of Report (check one):  April 25, 2018 □ July 25, 2018 Ø October 31, 2018 □ January 30, 2019 □  I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  |
| Date of Report (check one):  April 25, 2018 □ July 25, 2018 Ø October 31, 2018 □ January 30, 2019 □  I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  |
| April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019  Ihave read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):   |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):   |
| the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  |
| 1 Addendum A(s).  |
|   |
| O Addendum B(s).  |
| 1 Addendum C(s).  |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.   |
| 7/20/18   |
| (Signature of liabbyist) (Date)   |
| Kevin Bourque   |